

## MEASLES VACCINE AND MYOCARDITIS

*To the Editor:*

Recently we had occasion to investigate the sudden unexpected death of an 11-month-old male infant who had been immunized against rubeola 14 days previously. The product used is said to contain live attenuated virus derived from the Edmonston strain originally isolated by Enders. An intramuscular injection of human serum globulin was administered at the same time into the opposite arm. Ten days after immunization a mild fever and measles-like rash developed, but this had faded and was not apparent at the time of autopsy.

Microscopic sections of the myocardium of this infant showed a diffuse necrotizing myocarditis. Because of the possibility that this lesion might be related to the administration of measles vaccine, its occurrence has been reported to the Drug Adverse Reaction Program, Department of National Health and Welfare.

Anyone with a similar experience, wishing to study the problem further, is welcome to the material from this case.

L. A. JENTZ, M.D., Director of Laboratories  
Brantford General Hospital,  
Brantford, Ont.

## ABORTION AND THE LAW

*To the Editor:*

The battle is on for legalized abortion, fought fiercely between secular and religious committees, associations and individuals. In the "Report from Ottawa" column in the November 11 issue, Mr. Waring informs us that "Last week The Canadian Medical Association projected itself into this conflict . . ." and that "Both the C.M.A. and the Bar Association agree that the law should allow therapeutic abortions where the life or health of the prospective mother is endangered, or where there is judged to be 'substantial risk that the child may be born with a grave mental or physical disability'." They also agree that the law should permit abortions where pregnancy results from a sexual offence."

I believe that these three indications for abortion should be analyzed more closely.

There are very few illnesses nowadays in which the mother's life is in such acute danger that termination of pregnancy may become inevitable. These cases in which the loss of life of the fetus is incidental and not premeditated are at present accepted as being within the bounds of legal therapeutic measures. Such measures have been carried out in all civilized countries without extra legislation and are accepted by the Roman Catholic Church which has rejected abortion with persistent rigidity for centuries.

Concerning the possibility that the child may be born with a grave mental or physical disability, I am unable to recall any method by which such a

disability could be predetermined with certainty. Although German measles has been much maligned as a cause of mental defect, the danger is practically non-existent. Even if there were such a risk, why should life be denied such a child? These children may constitute a burden and be an unproductive element in society, but so are thousands of the mentally and physically ill and old people. How far are we prepared to go to reduce this burden? The National Socialist Government of Germany passed laws to solve such problems and ended up with extermination camps.

For unknown reasons, pregnancy following rape is exceedingly rare. This was true even during the war when rape was an all too frequent occurrence.

I suggest that the real issue is the acceptance by society of loose sexual practices as a normal way of life and the resulting increase in numbers of unwanted pregnancies and consequent attempted abortions. But this is a social and not a medical problem, and I strongly believe that the medical profession should keep out of this unsavoury business, and leave the solution of the problem to those who are responsible for the unfortunate state in which society finds itself.

One of the cardinal postulates of the Hippocratic oath is that no medical practitioner will supply abortifacients to pregnant women. The proposed law goes one step further: it would require the instrumental removal of the fetus, a potential human being, against the present statutory laws which the Colleges of Physicians and Surgeons are required to uphold. Subsequent changes in legislation could, as it did in England, require the disclosure of professional secrets to courts and legalize other acts of professional misconduct in order to enrol the profession as true members of the "Great Society".

One Sunday afternoon a short while ago I was at the home of one of my colleagues when a young man presented himself at the door. He had his girl friend in his apartment and he demanded a contraceptive. This deeply humiliating experience made me wonder whether the members of the medical profession are really aware of the danger of gradual erosion of their ancient and noble standards when they take part in and consent to resolutions that strike at the roots of decency and at the moral fabric of the nation.

J. W. MULLNER, M.D.

The Ontario Hospital,  
Brockville, Ontario.

---

## CORRECTION

In the article entitled "Anesthesia for the Burned Patient" by T. J. McCaughey, published in the issue of August 26 (*Canad. Med. Ass. J.*, 97: 449, 1967), it was stated, under the heading "Anesthetic Technique" (page 450, foot of right-hand column): "The usual dose of meperidine (1 mg./kg. body weight) is given together with atropine (0.2-0.4 mg./kg. body weight)." This is incorrect. The dose of atropine is simply 0.2-0.4 mg.